

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN632HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2009
NAME OF PROVIDER OR SUPPLIER BHC WEST HILLS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1240 E NINTH ST RENO, NV 89515		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a Life Safety Code and State licensure health follow-up survey and complaint investigation conducted in your facility on 7/22/09 and finalized on 7/23/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>The facility was surveyed following the 2006 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.</p> <p>Complaint #NV00021838 was substantiated with no deficiencies cited. Complaint #NV00022594 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 088 SS=A	<p>NAC 449.316 Physical Environment</p> <p>1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.</p> <p>This Regulation is not met as evidenced by: Based on observation and staff interview, the facility failed to replace the ceiling tile and paint</p>	S 088		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1 the ceiling grid above the dish area in the kitchen. Severity 1 Scope 1	S 088			

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